



Trustee instruction to pay benefit to beneficiary

Where the trustees wish to use their discretion to have benefits paid directly into the account(s) of the chosen beneficiary(ies) one of these forms should be completed in respect of each such beneficiary. Please confirm the percentage of benefit payable to the beneficiary(ies) on page 2.

If the benefit is to be distributed between more than one beneficiary, please print out and complete one form for each beneficiary, including the percentage payable to each person on page 2. The information is required so that we can follow our obligations with regards to preventing fraud and money laundering.

The form must be signed by at least one trustee and must be in line with the signatory rules set out in your trust deed.

Scheme name

Policy number

Name of the deceased
member

Beneficiary name

Beneficiary address

Beneficiary date of birth

If the benefit is to be paid into the account declared in the claim form, please tick this box and leave the account details on this form blank. Otherwise, please supply the following details.

Name of Bank/Building
Society

Branch address

Account Name

Account Number

Sort code

If the account belongs to someone other than the named beneficiary, please explain why this is (for example, the account may be in the name of a guardian responsible for a minor).



Trustee instruction to pay benefit to beneficiary

I/We, for and on behalf of the Trust, using the discretion given to me/us under the terms of the trust, instruct Ellipse to make payment of _____ per cent of the life assurance claim to the beneficiary as detailed above.

I/We acknowledge that the Trustees will still be required to ensure any administration is carried out on pension accounts if applicable and will also need to ensure the beneficiary is aware of the percentage of lifetime allowance the benefit represents.

I/We, for and on behalf of the Trust, acknowledge that such a payment (together with payments made to any other beneficiaries where the benefits are apportioned to more than one) will represent full and final settlement of any and all life assurance claims in respect of the deceased scheme member detailed above and agree to indemnify Ellipse against any additional losses, claims, costs and expenses as a consequence of taking instruction from the Trustees to make direct payment to the beneficiaries notified.

Trustee signature

Print name

Date

Trustee signature

Print name

Date

If the Trustees are Corporate Trustees please provide the name of the Corporate Trust and the registered address.

Name:
Address:

If the Trustees are named Trustees please provide the full names, date of births and addresses for each Trustee.

Name:	Date of Birth:	Address:

We will not be able to proceed with the claim without this information.

Ellipse is a trading style of AIG Life Limited. Registered in England and Wales. Number 6367921. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. AIG Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The registration number is 473752.